

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-670)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
							CLAIMS				
	AS FREQ		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	NO.	DEF.	NO.	DEF.	NO.	DEF.					NO.
1							61				
2							62				
3							63				
4							64				
5							65				
6							66				
6							67				
7							68				
8							69				
9							69				
10							61				
11							62				
12							63				
13							64				
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42							92				
43							93				
44							94				
46							96				
46							96				
47							97				
48							98				
49							99				
60							100				
TOTAL NO.	3						TOTAL NO.				
TOTAL DEF.	12						TOTAL DEF.				